

Misericordia School of Nursing EDUCATION AWARD APPLICATION



| APPLICANT INFORMATION (please print or type) | | | |
|---|-----------|-----------------------|-----------------|
| Name: | | | |
| Address: | | | |
| City, Prov, Postal Code: | | | |
| Telephone (home): | | Cell No: | |
| Telephone (business): | | Fax No: | |
| Email Address: | | | |
| PREVIOUS EDUCATION | | | |
| Type of Program: | | | |
| Name of Institution: | | Year of Graduation: | |
| PROPOSED COURSE OF STUDY | | | |
| Program Name / Course(s) Name: | | | |
| Educational Institution: | | | |
| Length of Program: | Starting: | Ending: | |
| Tuition Cost (TOTAL): | \$ | Books: | \$ |
| Other Costs (specify): | \$ | | |
| EMPLOYMENT | | | |
| Place of Employment: | | | |
| Area of Employment: | | Length of Employment: | |
| FINANCIAL ASSISTANCE | | | |
| Have you previously applied for this award? <input type="checkbox"/> Yes (If Yes, which year _____) <input type="checkbox"/> No | | | |
| Identify funding from other sources in addition to this application: | Source | | Amount Received |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

DECLARATION

1. I declare all the information supplied is true and correct.
2. I agree, if for any reason, I fail to complete my year of course, the total amount of financial assistance provided by the Misericordia School of Nursing Education Award Committee may become due and payable.
3. I agree to report on my academic progress at the end of my year of course,
4. I agree to submit proof of course completion to the Misericordia School of Nursing Education Award Committee.
5. I agree by accepting these funds that my name will be advertised on the Misericordia Health Centre Foundation Website / Annual Report.

I have included:

- Copy of the letter of acceptance to the program
- Most recent transcript (if applicable)
- Receipts for Tuition, Books, etc. (if applicable)
- Maximum 150-word statement which outlines the relevance of this education for your career advancement and contributions to the profession of nursing
- I have arranged for two (2) current letters of reference; one of which is a current employment reference sent to:

Misericordia School of Nursing Education Award Committee
c/o Education Services
 Misericordia Health Centre
 99 Cornish Avenue
 Winnipeg, MB R3C 1A2

| | |
|------|-----------|
| Date | Signature |
|------|-----------|

FOR MISERICORDIA SCHOOL OF NURSING EDUCATION AWARD COMMITTEE USE ONLY

| | | |
|--|------------------------------|-----------------------------------|
| Applicant Approved: | <input type="checkbox"/> Yes | <input type="checkbox"/> Rejected |
| Amount Requested | \$ | Reason: |
| Less funding from other sources (if appl.) | \$ | |
| <input type="checkbox"/> Advise to apply for other funding sources | | |
| Total Awarded | \$ | |
| Date | AUTHORIZING Signature | |